

CERTIFIED LAY MINISTER RECOMMENDATION FORM
Dakotas/Minnesota Annual Conferences

_____ District

Name: _____ Name of Church: _____

Address: _____ Church Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Charge: _____

Work Phone: _____ Cell Phone: _____

Email: _____

**TO BE COMPLETED AFTER CERTIFIED LAY MINISTRY RETREAT-MODULE 1
AND BEFORE LICENSING AND LAY MINISTRY SCHOOL**

Request for Certification as Lay Minister

I hereby request the recommendation of the pastor, the SPRC, and the Church Council or Charge Conference for pursuing the process as a Certified Lay Minister.

Date: _____ Signed: _____

(Certified Lay Servant/Lay Servant Leader)

Recommendation of District Superintendent

I recommend this person as a candidate for Certified Lay Ministry.

Date: _____ Signed: _____

(District Superintendent)

District: _____

Recommendation of Pastor

I recommend this person as a candidate for Certified Lay Ministry.

Date: _____ Signed: _____

(Home Pastor)

Recommendation of SPRC

The SPPR Committee recommends _____ as being suitable for Certified Lay Ministry. (_____ Minutes attached)

Date: _____ Signed: _____

(SPRC Chair)

Recommendation of Church Council or Charge Conference

The Church Council/Charge Conference of _____ Church recommends _____ as being suitable as a Certified Lay Minister. (___ Minutes attached)

Date: _____ Signed: _____
(Council Chair)

Recommendation of District Committee on Ordained Ministry

We recommend that _____ be supported and encouraged in this pursuit to become a Certified Lay Minister.

Date: _____ Signed: _____
(District Chair of Ordained Ministry)

District: _____

TO BE COMPLETED AFTER COMPLETION OF LICENSING & LAY MINISTRY SCHOOL

Verification of Completion of CLM Training/Lay Ministry School

I verify that _____ has completed both the CLM Module 1 Training and Lay Ministry School on _____, and has submitted the appropriate paperwork (on file).

I recommend this person as suitable for Certified Lay Ministry.

Date: _____ Signed: _____
(Dean of Licensing and Lay Ministry School)

Recommendation of District Superintendent and DCOM

I recommend concurrence with this request from _____ to become a Certified Lay Minister.

Date: _____ Signed: _____
(District Superintendent)

Date: _____ Signed: _____
(Chair of the District Committee on Ordained Ministry)

NOTE: If recommendations cannot be made, please do not sign the form, but indicate reasons why you do not recommend this person as a potential CLM.

COMMENTS: